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Complete if Known Substitute for **Application Number** 10/029,408 INFORMATION DISCLOSURE **Filing Date** December 26, 2001 STATEMENT BY APPLICANT First Named Inventor **CALDWELL, LARRY J Group Art Unit** 1615 **Examiner Name** N/A (use as many sheets as necessary) 1 Sheet Attorney Docket Number **CALD-005** of

		U.S. Patent Documents	U.S. PATENT DOCUM		Pages, columns, lines,
	Cite No. ¹	Number Kind Code ² (if known)	Name of Patentee or Applicant of Cited Documents	Date of Publication of Cited Document MM-DD-YYYY	Where Relevant Passages or Relevant Figures Appear
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Examiner Initials'	Cite No.1	Foreign Patent Documents Office ³ Number ⁴ Kind Code ⁵ (if known)	Name of Patentee or Applicant of Cited Documents	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T⁵
80		EP0574255B1	Bombardelli	12/15/1993		
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		OTHER PRIOR ART—NON PATENT LITERATURE DOCUMENTS	
Examiner Cite Initials* No.1		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), published situated to country where published.	T²
3%	V	Devi and Paranjothy "Pharmacokinetic Profile of a New Matrix-Type Transdermal Delivery System: Diclofenac Diethyl Ammonium Patch" <i>Drug Dev. Ind. Pharm</i> (May 1999) 25:695-700	
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Examiner Signature	Date Considered	7/14/03
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Súbstitute for form 1449A/PTO 10/029,408 **Application Number** INFORMATION DISCLOSURE December 26, 2001 Filing Date STATEMENT BY APPLICANT First Named Inventor CALDWELL, LARRY J **Group Art Unit** 1615 N/A Examiner Name (use as many sheets as necessary) Attorney Docket Number **CALD-005** Sheet of 1 1

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Examiner	Cite	U.S. Pa	tent Documents	Name of Patentee or Applicant	Date of Publication	Pages, columns, lines,
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Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s).				
Sd		BURNHAM et al. "The Effectiveness of Topical Diclofenac for Lateral Epicondylitis" Clinical Journal of Sport Medicine, (1998) 8:78-81				
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